

PRIOR GOVERNMENT SERVICE INFORMATION	TEST DATE
	TITLE OF EXAM

If previously employed by the Federal government, complete the following:

NAME: _____

Name in Former Employment (if different) _____

Date of Birth: _____ Social Security Number: _____

NAME OF AGENCY	LOCATION	DATES: FROM TO	SUPERVISOR (if known)

IMPORTANT NOTE TO FEDERAL RETIREES:

If you are receiving an annuity, you may continue to receive payments while employed at the Internal Revenue Service. However, your salary will be reduced by the amount of the annuity.

FEDERAL ANNUITANTS — SIGN AND DATE WHERE INDICATED

I have read the above statement and understand that the salary I earn while employed by the Internal Revenue Service will be reduced by the amount of my federal annuity, on a dollar for dollar basis.

Applicant Signature _____
Date

Probationary Period Statement

External applicants who are currently working for other agencies or with the IRS may be required by 5 CFR 315.801 and 802 to serve another probationary period. 5 CFR 315.801 states "The 1st year of service of an employee who is given a career or career conditional appointment is probationary when the employee is appointed from a competitive list of eligibles or was reinstated." 5 CFR 315.802 states "Prior Federal civilian service counts towards completion of probation when it is in the same agency; in the same line of work; and contains or is followed by no more than a single break in service that does not exceed 30 calendar days."

.Applicant Signature _____
Date

Reference: Privacy Act and Paperwork Reduction Act Notices

The information requested on this form will be used to update personnel records. Your name and/or social security number is only used as an identifier (authorized under Executive Order 9397, dated November 1943.) Your response is voluntary. We ask for the information on this form to carry out the mission of the Internal Revenue Service. We need the information to process your application for employment with the Internal Revenue Service. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code 6103. The time needed to complete this form will vary depending upon the individual circumstances. The estimated average time to complete this form is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave., NW, Washington, DC 20224.